MAIL (O: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 Telephone: (916) 323-5079

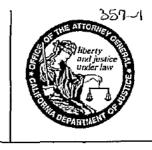
WEB SITE ADDRESS: http://ag.ca.gov/charities/

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 20 64 (California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundralser:	Name and Address of Charitable Organization:			
Levy Pazanti i Associates 301	CT No. 1861 4 18 F.E.J.N. No.			
Name of commercial fundralser 9911 W. Pico Blvd. # 1530	CHILDREN AFFECTED BY ALDS FOUNDATION			
Address of commercial fundraiser	Name of charity 6033 W. CENTORY BWD. #280			
Los Angeles CA 90035	Address of charity LOS ANGELES. CA 90045			
City, State, and ZIP Code	City, State, and ZIP code of charity			
Figures from (check one): National Campaign 🔲 California Campaign 🗆				
DREAM HALLOWEEN hald (on) (from) OCT (Type of activity)	OBER 30, 20 04, to OCTOBER 30 20 04.			
is the contract between the commercial fundralaer and charity based upon a fee or pe if other, provide brief explanation	rcentage of revenue? Fee Percentage Other O			
1. REVENUE				
A. Cash contributions	_30,5254			
B. Entertainment sales or admission charges CTICKET SACES)	_941075- B			
C. Sales from products	- 8,000 - c			
D. Advertisement sales	- <u>23,300-</u> -			
E. Membership fees (SPONSORSH (PS)	DD0 400 =			
F. Other sources: (Specify) aAUCTION	59,300 - Fa.			
b. DRAWING	8,400 - Fb.			
C	Fc.			
d				
G. TOTAL REVENUE	$\frac{1121,000}{}$ G.			
2. EXPENSES	0) 5.50			
A. Fees or commissions CRESERVATION CHES.	^^^			
B. Salaries (PRODUCTION SUPPORT)				
C. Payroll taxes	C.			
D. Employee benefits E. Cost of merchandise for resale (FOOD & BECKAGE)	4,400- E.			
F. Cost of antertainment	4,400 = E.			
G. Postage / PRINTING	40.706 - G.			
H. Advertising / PUBLIC RELATIONS	18.781- #			
J. Telephone	I.			
J. Rental of equipment	_37,550 ⁻			
K. Facilities charge	12,000 - K.			
L. Permits / SEWRITY / PARKING	3 ₁ 812 L			
M. Other expenses: (Specify) a. SOUNDILIGHTING _	45.850			
1115170 0116				
PROPIDECOS	Mb. 			
d MISCEUS COUS	2.008 Md. n = 5.240			
N. TOTAL EXPENSES	255,548- N			

(California Government Code Section 12599) Page 2 ' , '	2	and the second				
2 Amount to phosity (subtract line 2N from the 4C)				518 -	1025	
3. Amount to charity (subtract line 2N from line 1G)			518,702-3			
4. Less additional fundraising expenses paid by charity including fee paid to commercial fundralser (to be completed by charity)				N/A	4.	
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s)				N/A 5.		
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3)				<u>518,702-</u> .		
7. (a) Does any officer, director, partner or owner of	f the commerci	ial fundraiser have any affiliation with or control c	ver, directly or	indirectly, the charit	ible organization	
for which the commercial fundraiser has con-		17				
☐ Yes No <u>If "yes" complete the f</u>	ollowing:					
Name of officer, director, partner or owner Nam of commercial fundralser		Name and address of charitable organization	٠ (Relationship of officer, etc. to charitable organization	
			<u> </u>			
	. ({		ţ	
(b) For each affiliation identified in 7(a), attach co Under penalties of perjury, I declare that I have examin belief, it is true, correct and complete.				and to the best of my	knowledge and	
		Judy Levy)wner	1-18-09	
Signature of authorized officer (commercial fundralse)		Printed name		Title	Date	
This report must be signed by two officers or directors	of the charitabl	e organization for verification.	EXI	ECUTIVE		
		CATHERINE BROWN		RECTOR	12/14/04	
Signature of authorized officer/director (charity)		Printed name		Title	Date	
		COE CRISTINA	<u>.</u> 	PARR	12/18/0	
Signature of authorized officer/director (charity)		Printed name		Titla	Data	

* COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 20_